

TRANSMITTAL FORM

(to be used for correspondence after initial filing)

Application Number 10/800,136		
		Filing Date March 12, 2004
		First Named Inventor Andrew Longacre, Jr.
		Group Art Unit 2876
Examiner Name Le, Thien Minh		
Total Number of Pages in This Submission 25	Attorney Docket Number 703-006.50.23	

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): One check for \$970 (RCE and IDS Fees), PTO/SB/08A Information Disclosure Statement (14 pgs.), PTO/SB/08B Information Disclosure Statement (3 pgs.), PTO/SB/30 Request For Continued Examination (1 pg.), One copy of cited references NF-NG and NW-OC, and return mail room postcard.
Remarks The Commissioner is authorized to charge any additional fees to Deposit Account No. 50-0289.		
Express Mail Label No. EV 561775034US		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

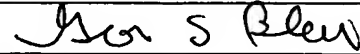
Firm and Individual name Wall Marjama & Bilinski LLP George S. Blasiak	Reg. No. 37,283
Signature 	
Date June 28, 2005	

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as express mail (Express Mail Label No. EV561775034US) in an envelope addressed to: Mail Stop RCE, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on this date:		
Typed or printed name Jeannine C. Schirripa		Date June 28, 2005
Signature 		Date June 28, 2005

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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<p>Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</p> <p>FEE TRANSMITTAL For FY 2005</p>		<p>Complete if Known</p>					
<p><input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27</p>		Application Number	10/800,136				
TOTAL AMOUNT OF PAYMENT \$970.00		Filing Date	March 12, 2004				
Express Mail Label EV561775034US		First Named Inventor	Andrew Longacre, Jr.				
		Examiner Name	Le, Thien Minh				
		Art Unit	2876				
		Attorney Docket No.	703-006.50.23				
<p>METHOD OF PAYMENT (check all that apply)</p> <p><input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____</p> <p><input checked="" type="checkbox"/> Deposit Account Deposit Account Number: <u>50-0289</u> Deposit Account Name: <u>Wall Marjama & Bilinski LLP</u></p> <p>For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)</p> <p><input type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee</p> <p><input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments <input checked="" type="checkbox"/> Credit any overpayments of fee(s) under 37 CFR 1.16 and 1.17</p>							
<p>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p>							
<p>FEE CALCULATION</p>							
<p>1. BASIC FILING, SEARCH, AND EXAMINATION FEES</p>							
	FILING FEES		SEARCH FEES		EXAMINATION FEES		
Application Type	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees Paid (\$)
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	
<p>2. EXCESS CLAIM FEES</p>							
<p>Fee Description</p>							Small Entity Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent							50
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent							200
Multiple dependent claims							360
Total Claims		Extra Claims		Fee (\$)		Fee Paid (\$)	Multiple Dependent Claims
	- 20 or HP =		x		=		Fee (\$)
HP= highest paid number of total claims paid for, if greater than 20							
Indep. Claims		Extra Claims		Fee (\$)		Fee Paid (\$)	
	- 3 or HP =		x		=		
HP.=highest number of independent claims paid for, if greater than 3							
<p>3. APPLICATION SIZE FEE</p>							
If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a) (1)(G) and 37 CFR 1.16(s).							
Total Sheets		Extra Sheets		Number of each additional 50 or fraction thereof	Fee (\$)		Fee Paid (\$)
	- 100 =		/ 50 =	(round up to a whole number)	x	=	
<p>4. OTHER FEES</p>							Fees Paid (\$)
Non-English Specification, \$130 fee (no small entity discount)							
Other: Request For Continued Examination and Information Disclosure Statement Fee							\$970.00
<p>SUBMITTED BY</p>							
Signature				Registration No. 37,283 (Attorney/Agent)	Telephone 315-425-9000		
Name (Print/Type)	George S. Blasiak				Date June 28, 2005		

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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